

<i>SERFF Tracking Number:</i>	<i>AMLX-125984088</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Alternative Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$70</i>
<i>Company Tracking Number:</i>	<i>CH AR0260001F01</i>		
<i>TOI:</i>	<i>02.1 Crop</i>	<i>Sub-TOI:</i>	<i>02.1000 Crop-Hail Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>ASI Crop Hail Program 2009</i>		
<i>Project Name/Number:</i>	<i>2009 Rates/Rules/Forms/CH AR0260001F01</i>		

## Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: ASI Crop Hail Program 2009	SERFF Tr Num: AMLX-125984088	State: Arkansas
TOI: 02.1 Crop	SERFF Status: Closed	State Tr Num: EFT \$70
Sub-TOI: 02.1000 Crop-Hail Sub-TOI Combinations	Co Tr Num: CH AR0260001F01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: SPI	Disposition Date: 01/12/2009
	AmericanAlternativeInsurance	
	Date Submitted: 01/12/2009	Disposition Status: Approved
Effective Date Requested (New): 03/01/2009		Effective Date (New): 03/01/2009
Effective Date Requested (Renewal):		Effective Date (Renewal): 03/01/2009

State Filing Description:

## General Information

Project Name: 2009 Rates/Rules/Forms	Status of Filing in Domicile: Not Filed
Project Number: CH AR0260001F01	Domicile Status Comments:
Reference Organization: NCIS	Reference Number: 2009NCISCH-AR2
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/12/2009	
State Status Changed: 01/12/2009	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
The purpose of this filing is to adopt the revised NCIS forms as contained in NCIS form filing number 2009NCISCH-AR2.	

In addition, AAIC submits our independent revised form below:

SERFF Tracking Number: AMLX-125984088 State: Arkansas  
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$70  
Company Tracking Number: CH AR0260001F01  
TOI: 02.1 Crop Sub-TOI: 02.1000 Crop-Hail Sub-TOI Combinations  
Product Name: ASI Crop Hail Program 2009  
Project Name/Number: 2009 Rates/Rules/Forms/CH AR0260001F01

Revised:

Form ASI-SGS (11-08) OPTIONAL FIRE AND LIGHTNING COVERAGE ON CROPS PLANTED IN SMALL GRAIN CROP, STUBBLE, OR RESIDUE

Note that all other forms previously approved remain in effect.

## Company and Contact

### Filing Contact Information

Kathryn Sine, Senior State Filing Analyst ksine@munichreamerica.com  
555 College Road East (609) 243-5630 [Phone]  
Princeton,, NJ 08543-5241 (609) 275-2147[FAX]

### Filing Company Information

American Alternative Insurance Corporation	CoCode: 19720	State of Domicile: Delaware
555 College Road East	Group Code: 361	Company Type:
Princeton,, NJ 08543-5241	Group Name: Munich Re Group	State ID Number:
(800) 305-4954 ext. [Phone]	FEIN Number: 52-2048110	

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$70.00  
Retaliatory? No  
Fee Explanation: EFT 1700000821; 12/11/2008  
\$50 ind forms; \$20 advisory forms  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Alternative Insurance Corporation	\$70.00	01/12/2009	24946933

<i>SERFF Tracking Number:</i>	<i>AMLX-125984088</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Alternative Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$70</i>
<i>Company Tracking Number:</i>	<i>CH AR0260001F01</i>		
<i>TOI:</i>	<i>02.1 Crop</i>	<i>Sub-TOI:</i>	<i>02.1000 Crop-Hail Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>ASI Crop Hail Program 2009</i>		
<i>Project Name/Number:</i>	<i>2009 Rates/Rules/Forms/CH AR0260001F01</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	01/12/2009	01/12/2009

<i>SERFF Tracking Number:</i>	<i>AMLX-125984088</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Alternative Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$70</i>
<i>Company Tracking Number:</i>	<i>CH AR0260001F01</i>		
<i>TOI:</i>	<i>02.1 Crop</i>	<i>Sub-TOI:</i>	<i>02.1000 Crop-Hail Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>ASI Crop Hail Program 2009</i>		
<i>Project Name/Number:</i>	<i>2009 Rates/Rules/Forms/CH AR0260001F01</i>		

## Disposition

Disposition Date: 01/12/2009

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLX-125984088 State: Arkansas  
 Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$70  
 Company Tracking Number: CH AR0260001F01  
 TOI: 02.1 Crop Sub-TOI: 02.1000 Crop-Hail Sub-TOI Combinations  
 Product Name: ASI Crop Hail Program 2009  
 Project Name/Number: 2009 Rates/Rules/Forms/CH AR0260001F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	ASI-SGS (11-08)_Changes Marked	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Independent Forms List	Approved	Yes
Form	OPTIONAL FIRE AND LIGHTNING COVERAGE ON CROPS PLANTED IN SMALL GRAIN CROP, STUBBLE, OR RESIDUE	Approved	Yes

SERFF Tracking Number: AMLX-125984088 State: Arkansas

Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$70

Company Tracking Number: CH AR0260001F01

TOI: 02.1 Crop Sub-TOI: 02.1000 Crop-Hail Sub-TOI Combinations

Product Name: ASI Crop Hail Program 2009

Project Name/Number: 2009 Rates/Rules/Forms/CH AR0260001F01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	OPTIONAL FIRE AND LIGHTNING COVERAGE ON CROPS PLANTED IN SMALL GRAIN CROP, STUBBLE, OR RESIDUE	ASI-SGS	(11-08)	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 2008 ASI-SGS Previous Filing #: SERFF #AMLX-125506023		ASI-SGS.PDF

**CROP-HAIL INSURANCE  
OPTIONAL ENDORSEMENT**

**ASI-SGS**

**OPTIONAL FIRE AND LIGHTNING COVERAGE ON CROPS  
PLANTED IN SMALL GRAIN CROP, STUBBLE, OR RESIDUE**

In consideration of the additional premium charge, your Fire and Lightning coverage is extended to crops that have been planted in small grain crop, stubble, or residue. This endorsement only applies to those crops for which fire and lightning coverage is provided in the Special Provisions or State Amendatory Endorsement. We will pay the lesser of the percentage of loss or the actual cash value of the crop on the date of loss.

The rate for this endorsement is \$0.35 per \$100 coverage.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number (if known)

\_\_\_\_\_  
Signature of Licensed Agent

\_\_\_\_\_  
Date

*A copy of this endorsement signed by the applicant and agent must be submitted along with the crop hail application submitted to the company.*

<i>SERFF Tracking Number:</i>	<i>AMLX-125984088</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Alternative Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$70</i>
<i>Company Tracking Number:</i>	<i>CH AR0260001F01</i>		
<i>TOI:</i>	<i>02.1 Crop</i>	<i>Sub-TOI:</i>	<i>02.1000 Crop-Hail Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>ASI Crop Hail Program 2009</i>		
<i>Project Name/Number:</i>	<i>2009 Rates/Rules/Forms/CH AR0260001F01</i>		

## **Rate Information**

Rate data does NOT apply to filing.



SERFF Tracking Number:	AMLX-125984088	State:	Arkansas
Filing Company:	American Alternative Insurance Corporation	State Tracking Number:	EFT \$70
Company Tracking Number:	CH AR0260001F01		
TOI:	02.1 Crop	Sub-TOI:	02.1000 Crop-Hail Sub-TOI Combinations
Product Name:	ASI Crop Hail Program 2009		
Project Name/Number:	2009 Rates/Rules/Forms/CH AR0260001F01		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	ASI-SGS (11-08)_Changes Marked	<b>Review Status:</b>	Approved	01/12/2009
<b>Comments:</b>				
<b>Attachment:</b>	ASI-SGS (11-08)_Changes Marked.PDF			

<b>Satisfied -Name:</b>	AR - FORM FILING ABSTRACT F-1	<b>Review Status:</b>	Approved	01/12/2009
<b>Comments:</b>				
<b>Attachment:</b>	AR - FORM FILING ABSTRACT F-1.PDF			

<b>Satisfied -Name:</b>	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	<b>Review Status:</b>	Approved	01/12/2009
<b>Comments:</b>				
<b>Attachment:</b>	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).PDF			

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	01/12/2009
<b>Comments:</b>				
<b>Attachments:</b>	AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF AR - NAIC FORM FILING SCHEDULE.PDF			

<b>Satisfied -Name:</b>	Independent Forms List	<b>Review Status:</b>	Approved	01/12/2009
<b>Comments:</b>				
<b>Attachment:</b>				

<i>SERFF Tracking Number:</i>	<i>AMLX-125984088</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Alternative Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$70</i>
<i>Company Tracking Number:</i>	<i>CH AR0260001F01</i>		
<i>TOI:</i>	<i>02.1 Crop</i>	<i>Sub-TOI:</i>	<i>02.1000 Crop-Hail Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>ASI Crop Hail Program 2009</i>		
<i>Project Name/Number:</i>	<i>2009 Rates/Rules/Forms/CH AR0260001F01</i>		

**Independent Forms List.PDF**



**CROP-HAIL INSURANCE  
OPTIONAL ENDORSEMENT**

**2008 ASI-SGS**

**OPTIONAL FIRE AND LIGHTNING COVERAGE ON CROPS  
PLANTED IN SMALL GRAIN CROP, STUBBLE, OR RESIDUE**

In consideration of the additional premium charge, your Fire and Lightning coverage is extended to crops that have been planted in small grain crop, stubble, or residue. This endorsement only applies to those crops for which fire and lightning coverage is provided in the Special Provisions or State Amendatory Endorsement. We will pay the lesser of the percentage of loss or the actual cash value of the crop **on the date of loss.**

The rate for this endorsement is \$0.35 per \$100 coverage.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Policy Number (if known)**

\_\_\_\_\_  
Signature of Licensed Agent

\_\_\_\_\_  
Date

*A copy of this endorsement signed by the applicant and agent must be submitted along with the crop hail application submitted to the company.*

ARKANSAS INSURANCE DEPARTMENT

Form F-1  
Rev. 4/96

FORM FILING ABSTRACT

**ALL QUESTIONS MUST BE ANSWERED**

**Page 1 of 2**

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 01/12/2009
2. Company Name(s) American Alternative Insurance Corporation
- Group Name Munich Re Group NAIC No. 19720 Group No. 0361
3. (a) Annual Statement Line of Business Number (Page 14) 02.1  
(b) Class of Business 02.1 Crop  
© Coverages Affected 02.1000 Crop-Hail Sub-TOI Combinations
4. (a) Name of Advisory Organization, if any NCIS  
(b) Affiliations with Advisory Organization: Member ( ☒ ) Subscriber ( ☐ )
5. Is this a reference filing? Yes ( ☒ ) No ( ☐ ) If yes, please provide the following:  
(a) Name of Advisory Organization (or Affiliated Company) NCIS  
(b) Date of Filing Efft 01/01/2009  
© Filing Designation Number or Description 2009NCISCH-AR2

**PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM**

7. Has the form(s) been approved for use in your domiciliary state and/or other states?  
Yes
8. Is the form filed in response to or due to legislation? If so, specify legislation.  
No
9. Is the form in response to or due to recent court decisions? If so, give citation.  
No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

*Kathryn R. Sine*

**Signature**

Kathryn R. Sine, CWCP

**Title**

609-243-5630

**Telephone Number**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
2008 ASI-SGS 2008	03/01/2009	ASI-SGS (11-08)	OPTIONAL FIRE AND LIGHTNING COVERAGE ON CROPS PLANTED IN SMALL GRAIN CROP, STUBBLE, OR RESIDUE

# ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Stephen J. Corbett, Vice President of  
(Name) (Title of Authorized Officer)

American Alternative Insurance Corporation  
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) •

Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • CH AR0260001F01

Signature of Authorized Officer •

A handwritten signature in black ink, appearing to read "Stephen J. Corbett".

Name of Authorized Officer • Stephen J. Corbett, CPCU

Title of Authorized Officer • Vice President

Email address of Authorized Officer • scorbett@munichreamerica.com

Telephone # of Authorized Officer • 609-243-5620

Date • 01/12/2009

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@state.ar.us](mailto:information.pnc@state.ar.us)


## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
Munich Re Group					0361
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
American Alternative Insurance Corporation	DE	19720	52-2048110		

<b>5. Company Tracking Number</b>	CH AR0260001F01
-----------------------------------	-----------------

## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Kathryn R. Sine, CWCP 555 College Road East Princeton, NJ 08543-5241	State Filing Analyst	800-305-4954	609-275-2147	ksine@munichreamerica.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Kathryn R. Sine, CWCP			

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	02.1 Crop			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	02.1000 Crop-Hail Sub-TOI Combinations			
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing Title)</b>	ASI Crop Hail			
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:	03/01/2009	Renewal:	03/01/2009
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>	NCIS			
<b>17. Reference Organization # &amp; Title</b>	2009NCISCH-AR2			
<b>18. Company's Date of Filing</b>	01/12/2009			
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			



## Property & Casualty Transmittal Document

20.	<b>This filing transmittal is part of Company Tracking #</b>	CH AR0260001F01
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

The purpose of this filing is to adopt the revised NCIS forms as contained in NCIS form filing number 2009NCISCH-AR2.

In addition, AAIC submits our independent revised form below:

Revised:

Form ASI-SGS (11-08) OPTIONAL FIRE AND LIGHTNING COVERAGE ON CROPS PLANTED IN SMALL GRAIN CROP, STUBBLE, OR RESIDUE

Note that all other forms previously approved remain in effect.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b> EFT 1700000821 <b>Amount:</b> \$70.00</p> <p>\$50 ind forms; \$20 advisory forms</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	<b>This filing transmittal is part of Company Tracking #</b>	CH AR0260001F01
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2.	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	n/a
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	OPTIONAL FIRE AND LIGHTNING COVERAGE ON CROPS PLANTED IN SMALL GRAIN CROP, STUBBLE, OR RESIDUE	ASI-SGS (11-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	2008 ASI-SGS 2008	SERFF #AMLX- 125506023
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

<b><u>FORM #</u></b>	<b><u>STATE</u></b>	<b><u>FORM TITLE</u></b>	<b><u>USAGE</u></b>
<b>2005</b>			
2003-ASI-OBC	Arkansas	Open Boll Endorsement	Optional
2003-ASI DXSS5	Arkansas	Crop Hail Special Plan Endt. (Disappearing at 25% dedt)	Optional
2004-ASI 3AR	Arkansas	AR Mandatory Endorsement	Mandatory All Policies
ASI-AS-2002	Arkansas	Harvested Grain Coverage - Agristore	Included for free in AR, IN, IL, Optional all others. Corn,Soybeans,Wheat, Rice only
2004-ASI-ARAMEND-1	Arkansas	AR Amendatory Endorsement	Mandatory All Policies
2004-ASI-AR-DELESC	Arkansas	Crop Hail Optional Endt - Cotton Delete Escalator Endt.	Optional-Cotton Only
2003-ASI SG	Arkansas	Optional Fire & Lightning - Small Grain Stubble	Optional
ASI-1-88	Arkansas	Peas for Canning Reject Endorsement	Optional-Peas for Canning only
ASI-2-84	Arkansas	Sweet Corn for Canning (Reject Endorsement)	Optional-Canning Sweet Corn Only
Application, Version 2.0	Arkansas	Crop Hail Application/Change/Renewal Form	Application
VPA, Version 1.1	Arkansas	Value Per Acre Agreement	Application/Agreement
CH301	Arkansas	Crop Hail Declaration	Declaration
<b>Changes for 2007</b>			
ASI 3AR	Arkansas	AR Mandatory Endorsement	Mandatory All Policies
ASI-ARAMEND-1	Arkansas	AR Amendatory Endorsement	Mandatory All Policies
2007-ASI-Cotton Mod	Arkansas	Cotton Module Coverage Endorsement	Optional
<b>Change for 2008</b>			
Application, Version 3.0	Arkansas	Crop Hail Application/Change/Renewal Form	Application
VPA, Version 1.3	Arkansas	Value Per Acre Agreement	Application/Agreement
2008 ASI-BFSP-V	Arkansas	Crop Hail Policy - Basic Form Special Provisions Amendatory Endt.	Mandatory Endt.
2008 ASI-SGS	Arkansas	Optional Fire and Lightning Coverage on Crops Planted in Small Grain Stubble	Optional
<b>Changes for 2009</b>			
ASI-SGS (11-08)	Arkansas	Optional Fire and Lightning Coverage on Crops Planted in Small Grain Stubble	Optional